



Brooke of Life Before & After School Care 2023 -2024

www.brookeoflife.org for Application

Annual Care Registration Fees (once per school year):

Weekly Care: \$75.00 for 1 Child; \$100.00 for a Family

Drop-In: \$25 per child

Weekly Care Rates for Kindergarten and Up:

Before School: \$25/week

After School: \$70/week

Weekly Care Rates for A.M. or P.M. Pre-K session:

4 hours a day or less: \$75/week (example 7:30am-11am or 11am-3:00pm)

4 + hours: \$120/week (example 11am-5pm)

Drop-In Care Rates:

Kindergarten and Up:

\$15 per day Drop-In rate

Pre-K: 4 hours or more: \$25/day

Care Rates for Early Dismissal Days:

Additional \$10 for enrolled Weekly students; \$25 rate for Drop-In students.

Care Discounts: (only 1 discount per child)

2nd child: 10% off 3rd child: 20% off Active Military: 10% off

Elementary students are escorted at dismissal time to Brooke of Life staff where they have snack, play time, games, assembly (Bible verse), homework time, and lots of fun. Brooke of Life is a separate non-profit Christian organization that offers care for Pre-K and up for students until 6:00 pm. Pick up after 6:00 pm, there is charge of \$1 per minute. Due to safety and security reasons, please be sure children are enrolled in Brooke of Life if you are not picking them up at dismissal time in order to avoid Newman charges of \$5 for every 15 minutes.



www.brookeoflife.org for Application and Campus-Specific Hours
Before & After School Care is Open on all Newman School Days

FIELDER CAMPUS

Arlington Campus & Pioneer Campus

2011 S. Fielder Road, Arlington, TX 76013

Phone: 682-999-4929

Email: BOL.NIAA@gmail.com

CEDAR HILL CAMPUS

Cedar Hill Elementary and Pre-K Phone: 682-999-5422

1114 W. FM 1382, Cedar Hill, TX 75104

Phone: 469-805-8370

Email: BOLOfNICH@gmail.com

MANSFIELD CAMPUS

1201 SH 360, Mansfield, TX 76063

Phone: 682-999-5616

Email: BOL.NIAM@gmail.com

MANSFIELD EAST MATCLOCK Pre-K CAMPUS

7000 Matlock Rd, Arlington, TX 76002

Phone: 682-999-6132

Email: BOLOfNIAME@gmail.com

FT WORTH CAMPUS

6801 Meadowbrook Drive, Fort Worth, TX 76112

Phone: 682-999-5609

Email: BOLOfFW@gmail.com

ARLINGTON GIBBINS CAMPUS

1111 Gibbins Road, Arlington, TX 76011

Email: BOL.NIAG@gmail.com

Brooke of Life Care

Before & After School Enrollment Form 2023-2024

For office use only: Date _____	Initials _____	
Weekly _____	Drop in day _____	Before _____
Reg fee pd _____	Care pd _____	Total _____

Checks payable to "Brooke of Life" and are due on or before the first day of care. Debit and credit card payments can be made by phone or at the Brooke of Life office.

Campus: _____ **Days & times:** _____ **Start date:** _____

Contact Information:

Student's Name: _____

Age _____ Grade _____ Date of Birth: _____

Parent's Name: _____ Relationship to Child: _____

Address: _____

Mailing address (if different): _____

Phone: _____ Work Phone: _____

Alternate Phone: _____ Email: _____

Alternate Pickup Person/ Emergency Contact: _____

Relationship to child: _____ Phone Number(s): _____

Allergies or Special Medical Needs: _____

Tuition Agreement:

Person Responsible for Payment: _____ Relationship to Child: _____

Cell Phone: _____ Alternate Phone: _____

Driver's License #: _____ State: _____ Email: _____

Mailing address: _____

Employer: _____ Work Phone: _____

I understand that services rendered for child care are subject to the following conditions: All tuition is due on Friday BEFORE the week of care. It is considered late with a late fee of \$25 if not paid by Tuesday at 6:00pm. Weekly tuition is not pro-rated if child is absent. I understand that drop in rates are to be paid day of care (\$5 late fee if not paid upon pick up). There is a \$35 returned check fee, and a second returned check will result in payment in the form of money order or cash. After 6:00pm, there is a \$1 per minute late charge. I understand this is a contractual agreement and by signing I agree to the terms and conditions included.

Signed: _____

Date: _____

Brooke of Life- Consent for Medical Treatment

I, _____, certify that I am the parent or legal Guardian of _____, who was born on _____. I possess all rights, powers and privileges of a parent or legal guardian necessary to execute this document with binding legal effect.

I consent to the examination or treatment of my child by a physician duly licensed to provide health care services in the State of Texas for any medical care and services deemed necessary by Brooke of Life, its agents, servants, and employees.

I give permission to the physician or health care professional to provide any and all medical care they deem in their professional opinion to be necessary.

I understand and acknowledge that my permission and consent is sufficient for this purpose. I represent to Brooke of Life that no permission or consent from any other person is required by law.

I agree to pay for any medical expenses incurred as a result of the use of this consent.

I understand that it is my obligation to inform the management of Brooke of Life of any health considerations or medical conditions that would restrict my child's participation in any and all activities while in Brooke of Life.

Printed Name: _____

Signed: _____

Date: _____

Insurance Company: _____

Policy #: _____

*Should the need for medical attention arise, every attempt will be made to contact you as soon as practical under the circumstances.

Brooke of Life- Parental Certification Consent and Release

I, _____, certify that I am the parent or legal Guardian of _____, who was born on _____. I warrant that I possess all rights, powers, and privileges of a parent or legal guardian necessary to execute this legal instrument with binding legal effect. As the parent or legal guardian, I certify and affirm that I have been completely and thoroughly informed that as a child attending Brooke of Life, my child will participate in certain activities which carry a degree of risk and danger. Examples include but are not limited to the following: physical activities both indoors and outdoors, use of recreational equipment, field trip by motor vehicle on and off campus. I acknowledge and understand that Brooke of Life may offer other activities not listed above that may present similar risks or dangers to my child.

I consent to my child's participation in these activities. I acknowledge and understand that this Parental Certification Consent and Release form has the same force and effect, regardless of whether the activities engaged in are free or if a fee is charged.

Furthermore, I personally assume on my child's behalf all risks in connection with said activities for any harm, injury, or damages that may befall my child as a result of my child's participation in the activities, whether seen or unforeseen, and I still wish to allow my child to proceed with activities.

I acknowledge and agree that Brooke of Life shall not be held liable in any way for any occurrence resulting directly or indirectly from these activities that result in injury, death, or any other damages to my child, me, my family, heirs, or assigns in consideration of my child being allowed to participate in these activities.

I understand that the terms herein are contractual and are not a mere recital. I have signed this document as my own free act. It is my intention by signing this document to exempt and release Brooke of Life from all liability whatsoever for injury, property damage, or wrongful death caused by negligence.

I also acknowledge and agree that my signature on this form shall constitute a bar to any recovery by my child, me, my family, heirs, or assigns in all suits and actions that may be instituted against Brooke of Life, its agents, servants, or employees for any injury or death to my child, whether or not same resulted from negligence of Brooke of Life, its agents, servants, or employees or due to the negligence of my child, or due to the risks ordinarily incident to my child's participation in these activities, or due to the contributory negligence of my child.

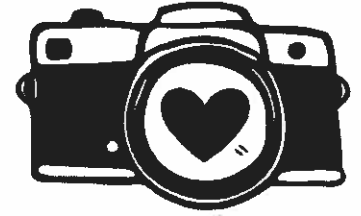
I understand it is my obligation to give written notification to the management of Brooke of Life of any health considerations or medical conditions that would restrict my child's participation in any and all activities while enrolled in Brooke of Life.

Printed Name: _____

Signed: _____

Date: _____

Brooke of Life
Photography Permission Form



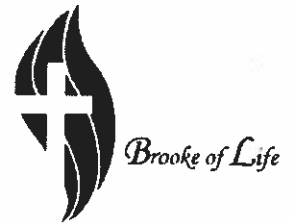
Child's name(s): _____

Brooke of Life requests permission to use photographs/names of individual students in a variety of publications to promote Brooke of Life. This could include Brooke of Life Facebook, brochures, newsletters, or the Brooke of Life website.

_____ No - I do not give permission or consent for Brooke of Life to use my child's photographs for the purposes consistent with the above.

Parent/Guardian Signature _____

Date _____





Brooke of Life Handbook

Dear Parents,

Thank you for trusting Brooke of Life with your children! We appreciate your trust. Brooke of Life (BOL) is a Christian care program for Newman International Academy. BOL students have daily prayer, songs and Bible stories, nutritious snacks, games, arts & crafts and homework time with help when needed.

Please note that BOL reserves the right to unenroll students if fees are not paid in a timely manner, or for behavior problems.

We close at 6:00pm, so please pick up your children on time. There is a \$1 per minute charge for children picked up after 6:00pm.

Illness:

If your children are sick, we cannot risk the health of the other children. Please make other arrangements for your child if one of the following applies: a temperature of 101 degrees or within 24 hours of having one, heavy nasal discharge, constant cough, diarrhea, symptoms of a possible communicable childhood disease (such as sniffles, reddened eyes, sore throat, abdominal pain or fever), or fine blisters, rash, pink eye, vomiting or lice.

Dress Code:

BOL students must be properly attired at all times including shoes and socks. Children may change out of uniform but must still wear a NIA or spirit T-shirt.

Discipline:

Children are encouraged to respect themselves and others. Proper behavior is strongly encouraged. Disrespect or unruliness will not be tolerated. Parents may be called, then continued disobedience will result in the child being unenrolled from the program with no refunds of any kind.

Emergencies:

We prepare for emergencies with fire, severe weather and other safety drills on a regular basis with our children. In the event of a medical emergency, an ambulance will be called for your child. A parent will be called as soon as is practical. Our primary goal is the child's safety.

What to Bring:

For Pre-K through Kindergarten, students should bring a complete change of clothes (including underwear and socks) inside a bag that may be zipped up. Pre-K students need to bring a small nap mat & a small blanket. Please label anything your child brings.

Operating Hours:

BOL operates according to the NIA calendar and is open on all days when NIA holds classes. On early dismissal days, normally we are still open from the end of school until 6:00pm as usual. There may be a rare occasional exception.

Tuition:

Care tuition is due on Friday BEFORE the week of care and late after 6:00pm Tuesday. All late payments incur a \$25 late fee. Weekly Tuition is holding your child's spot & is due even if your child is absent. (An exception may be made if your child is out the entire week.) Drop-in tuition is due on the day of care.

Children are encouraged to respect themselves and others. We believe the best way to teach a child is by providing a Christ-centered, loving environment. We at BOL care about you and your child's feelings. Please feel free to contact your Campus Coordinator with any concerns or ideas you may have. We want everyone to feel blessed by the time spent at Brooke of Life!